



**Governor's Office of Workforce Development
WIA Complaint Information Form**

FORM C

WIA Participants must fill out this form in order to log an official complaint against a local area that is a sub-recipient of WIA title I funds. The completed form must be submitted after 60 calendar days of filing your grievance at the local area to the following:

Governor's Office of Workforce Development

Attn: Compliance Manager

Two Martin Luther King, Jr. Drive Atlanta, GA 30334

Phone (404) 656-9485 Fax: (404) 463-5043.

Electronic submissions should be sent to: cpeterson@georgia.gov

1. Participant Information:

Name _____ Home Number _____
Address _____ Work Number _____
City, State, and Zip _____

2. Local Area Information:

Representative involved in the complaint _____

Email address of representative involved _____

Provide name and address of local area involved:

3. What are the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

Date of first occurrence: _____

Date of most recent occurrence: _____

5. Have you ever attempted to resolve this complaint at the local Level? ☐ No or ☐ Yes

a. Have you been provided with a final decision at the local level regarding your complaint?

☐ No ☐ Yes

Date of final decision (if any) _____

b. Have 90 days elapsed since you filed or attempted to file this complaint at the local level?

☐ No ☐ Yes

Date you filed or attempted to file your complaint at the local level. _____

FOR DISCRIMINATION ONLY – COMPLETE 6 THROUGH 13

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

7. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check)

- | | |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Race: Specify | <input type="checkbox"/> Color: Specify |
| <input type="checkbox"/> Religion: Specify | <input type="checkbox"/> National Origin: Specify |
| <input type="checkbox"/> Sex: Specify [] Male [] Female | <input type="checkbox"/> Age: Specify Date of Birth: |
| <input type="checkbox"/> Disability: Specify | <input type="checkbox"/> Political Affiliation: Specify |
| <input type="checkbox"/> Citizenship: Specify | <input type="checkbox"/> Reprisal/Retaliation: Specify |
| <input type="checkbox"/> Other: Specify | |

8. What other information do you think is relevant to our investigation?

9. If this complaint is resolved to your satisfaction, what remedies do you seek?

10. Please list below any persons (witnesses, or others) that we may contact for additional information to support or clarify your complaint:

Name _____

Address _____

Telephone Number _____

11. Do you have an attorney?

- ☐ Yes ☐ No

If yes, please provide name, address and phone:

Attorney Name _____

Address _____

Telephone Number _____

12. Have you filed a case or complaint with any of the following?

- ☐ Civil Rights Division, U S Dept of Justice
- ☐ U S Equal Employment Opportunity Commission

☐ Federal or State court

☐ Your State or local Human Relations/Rights Commission

13. For each item checked in #15 above, please provide the following Information:

Agency: _____

Data Filed: _____

Case or Docket Number

Date of Trial or Hearing: _____

Location of agency or court

Name of Investigator: _____

Status of Case: _____

Comments: _____

PLEASE NOTE THAT BY SIGNING AND SUBMITTING THIS FORM (ELECTRONICALLY OR VIA MAIL); YOU ARE ACKNOWLEDGING THAT ALL OF THE INFORMATION PRESENTED IS ACCURATE AND NOT FRAUDULENTLY REPORTED.

Electronic Signature (for Electronic Submissions)

☐

Yes

☐

No

Date: _____

If submitting this form by mail, then a signature is required below.

Student Signature

Date